

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15233

1. Entity Name

AIRPORT BOULEVARD BAPTIST CHURCH INC.

Principal Place of Business

5918 N DAVIS HWY  
PENSACOLA FL 32503  
US

Mailing Address

530 BARKWOOD DRIVE  
PACE FL 32571  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2313458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSS, WILLIS N  
539 BARKWOOD DRIVE  
PACE FL 32571

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME VOSS, WILLIS M ☐ Delete  
STREET ADDRESS 530 BARKWOOD DR  
CITY-ST-ZIP PACE FL 32571

TITLE D  
NAME Hendricks, Gail ☐ Change ☒ Addition  
STREET ADDRESS 6061 Walton St.  
CITY-ST-ZIP Pensacola, Fl 32503

TITLE TD  
NAME VOSS, WARA B ☐ Delete  
STREET ADDRESS 530 BARKWOOD DRIVE  
CITY-ST-ZIP PACE FL 32571

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DEAL, JOHN M ☒ Delete  
STREET ADDRESS 280 AIRPORT BOULEVARD  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME NIX, MICHAEL ☐ Delete  
STREET ADDRESS 6036 SADDLE CLUB ROAD  
CITY-ST-ZIP PACE FL 32571

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JACKSON, JENNIFER ☒ Delete  
STREET ADDRESS 417 S 2ND ST  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)